# APPLICATION FOR ADVICE VCAT victorian civil & administrative definition and the second strict administrative definition and the second seco

## **ABOUT VCAT**

The Victorian Civil and Administrative Tribunal (VCAT) can make orders to appoint an administrator or guardian for a person aged 18 years or over with a disability that affects their decision-making capacity.

We can also make orders to appoint an administrator to help manage the finances and property of a missing person.

Once an administrator or guardian is appointed, we can make more orders or give advice about matters and disputes arising from this guardianship, administration, supportive guardianship or supportive administration arrangement.

## WHAT CAN I APPLY FOR USING THIS FORM?

Depending on who you are, you may be able to seek:

- advice about what you can do in your role as a guardian, administrator, supportive guardian, or supportive administrator
- permission to enter into a transaction that may be a conflict of interest or permission to validate a transaction already entered into that may be a conflict of interest (if you are an administrator)
- advice on how to resolve a disagreement between guardians and/or administrators.

### TERMS USED IN THIS FORM

We refer to the 'represented person', 'supported person' and 'missing person' throughout this application form.

The represented person is someone who has a guardian and/or administrator appointed by VCAT to help make them decisions.

The supported person is someone who has a supportive guardian and/or supportive administrator appointed by VCAT to help them carry out their decisions.

A missing person is someone who usually lives in Victoria that VCAT has determined to be missing and for whom an administrator has been appointed.

## WHAT IS YOUR APPLICATION ABOUT?

| 1. I wa | ant to:  |
|---------|--|
|         | seek advice about what you can do in your role as a guardian, administrator, supportive guardian or supportive administrator   |
|         | seek permission to enter into a transaction that may be a conflict of interest or seek permission to validate a transaction already entered into that may be a conflict of interest. |
|         | seek advice on how to resolve a disagreement between guardians and/or administrators.  |

## PERSON YOU ARE APPLYING ABOUT

| 2. Who is the representation about?          | esented person, supported person or missing person you are applying  |
|--|--|
| Given names                                  | Family name  |
| ☐ Yes  | application about this person been made to the Guardianship List?  □ No  number (if known)   |
| 4. Contact details                           | of the person you are applying about   |
| Street address                               |  |
| Suburb                                       | State Postcode   |
| Phone number                                 |  |
| Email  |  |
| descent?                                     | n identify as someone of Aboriginal or Torres Strait Islander  Koori Engagement team can give this person cultural support throughout the case  No |
| ☐ Yes  | f a culturally or linguistically diverse background?  No cultural or linguistic background:  |
| 7. Date of birth of                          | the person you are applying about (DD/MM/YYYY)   |
|  | e following best describes you as the applicant: rson listed in Question 2 – skip to Question 12   |
| 9. Name of the app                           | olicant  |
| Given names                                  | Family name  |
| <b>10. Your contact o</b> Organisation (if a |  |
| Street address                               |  |
| Suburb                                       | State Postcode   |
| L  | State Fusicode   |
| Phone number                                 |  |

| Email   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 11. What is your relationship to the represented person or missing person?  For example, guardian, administrator, supportive guardian, supportive administrator, relative,  Public Advocate or a person deemed to have a special interest by the Supreme Court or VCAT. |  |  |  |  |  |  |
| I am the person   | 's   |  |  |  |  |  |
|   |  |  |  |  |  |  |
| IS THERE AN'  | YONE WHO SHOULD NOT BE NOTIFIED?   |  |  |  |  |  |
| Sometimes because certain people of years   | se of the nature of the advice you are seeking, you may not want VCAT to notify our application. |  |  |  |  |  |
| 12. Are there any   | people who should not be notified of this application?   |  |  |  |  |  |
| ☐ Yes   | <ul><li>No, skip to Question 15</li><li>□ Don't know, skip to Question 15</li></ul>              |  |  |  |  |  |
| 13. Name  |  |  |  |  |  |  |
| Given names   | Family name  |  |  |  |  |  |
| 14. Contact detail  | s  |  |  |  |  |  |
| Street address  |  |  |  |  |  |  |
| Suburb  | State Postcode   |  |  |  |  |  |
| Phone number  |  |  |  |  |  |  |
| Email   |  |  |  |  |  |  |
| 15. Briefly state y   | our reasons for making this application  |  |  |  |  |  |
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## ATTENDANCE AT THE HEARING

Sometimes we conduct a hearing to help you with your matter. If VCAT decides a hearing will take place, we strongly encourage the represented person or supported person to attend the hearing, as the decisions we make will affect them. We will try to make it as easy as possible for them to attend.

The applicant must attend the hearing. Any other person with an interest in the application may attend.

We offer a range of support services for people with disability, language difficulties and concerns about their personal safety. Let us know of your needs so we can make arrangements for the hearing.

| 16. | . Will the represented person or supported person attend the VCAT hearing?  If your application is about a missing person, skip this question. |                 |   |  |  |  |  |
|-----|--|-----------------|---|--|--|--|--|
|     |  | No              | Don't know  |  |  |  |  |
|     | If no, state why the person will not attend the VCAT hearing:  |                 |   |  |  |  |  |
|     |  |                 |   |  |  |  |  |
|     |  |                 |   |  |  |  |  |
|     |  |                 |   |  |  |  |  |
|     |  |                 |   |  |  |  |  |
| 17. | Does anyone m  | entioned in th  | ne application need special assistance at the hearing?    |  |  |  |  |
|     | ☐ Help accessi   | ing the venue ( | (e.g. wheelchair access)                                  |  |  |  |  |
|     | ☐ Interpreter re   | equired         |   |  |  |  |  |
|     | Language:  |                 |   |  |  |  |  |
|     | Assisted con   | nmunication (e. | g. assistive listening device or hearing loop)            |  |  |  |  |
|     | ☐ Personal saf   | fety concerns   |   |  |  |  |  |
|     | ☐ Attend the he  | earing by phone | e or video link   |  |  |  |  |
|     | Other  |                 |   |  |  |  |  |
|     | Provide more de  | etail about who | needs the forms of assistance you have indicated and why? |  |  |  |  |
|     |  |                 |   |  |  |  |  |
|     |  |                 |   |  |  |  |  |
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| By completing this application, I understand and acknowledge that:   |  |  |  |  |
|--|--|--|--|--|
| to the best of my knowledge, all information provided in this application is true and correct  |  |  |  |  |
| it is an offence under section 136 of the <i>Victorian Civil and Administrative Tribunal Act 1998</i> to knowingly give false or misleading information to VCAT. |  |  |  |  |
| Full name of person completing this form:  |  |  |  |  |
| Date:  |  |  |  |  |
| FURTHER STEPS TO TAKE  |  |  |  |  |
| Engure you do the following:   |  |  |  |  |
| Ensure you do the following:   |  |  |  |  |
|  |  |  |  |  |
| Speak to the represented person, supported person or former missing person (if possible)   |  |  |  |  |

## PRIVACY POLICY

ACKNOWLEDGMENT

All information you give VCAT for your case is available to anyone who inspects the case file or attends the hearing, including media. They might get information like your name, contact details and personal information. By law, with limited exceptions, VCAT must share information that you provide for your case with other parties. This includes your documents and evidence. But it is illegal to publish or broadcast information that could identify a party in a guardianship, powers of attorney or medical treatment case, unless VCAT makes an exception.

You can ask VCAT at the start of the case to keep your information confidential. VCAT may not agree to this request. For more information, go to www.vcat.vic.gov.au/privacy

## SUBMITTING THIS APPLICATION

Submit your application and a copy of the medical report to VCAT either by email, by post or in person.

#### By email

Email humanrights@vcat.vic.gov.au

#### By post

Send to:

The Registrar VCAT Guardianship List GPO Box 5408 Melbourne VIC 3001

#### In person

Go to:

Victorian Civil and Administrative Tribunal Ground Floor, 55 King Street, Melbourne VIC 3000

## **NEED HELP WITH YOUR APPLICATION?**

If you have any questions about completing this form, contact us by email, phone or in person.

#### By email

Email humanrights@vcat.vic.gov.au

### By phone

Call 1300 018 228 Monday - Friday 9am - 4.30pm

#### In person

We are open Monday - Friday 9am - 4.30pm

55 King Street Melbourne VIC 3000